



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

① H23013304 CTIC DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: 1408 TEST0000 HE

being duly sworn states that RICHARD SARTO resides at 14141 MICHAEL DR
in the City of ORLAND PARK

RICHARD SARTO
That _____ was acquainted with DOLORES J. SARTO deceased who, at the time of death,
was one of the owners of a land in COOK County, Illinois, described as:

14141 MICHAEL DRIVE
ORLAND PARK, IL 60462



0310641036

Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 04/16/2003 09:39 AM Pg: 1 of 3

That the deceased died FEBRUARY 26, 2000, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament copy of which is attached hereto. The
filed with the Clerk of the Probate Division of the Circuit Court of COOK County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box
Court of _____ County, Illinois about _____ of the Probate Division of the Circuit

That the total value of the estate of the deceased, including both real and personal property owned by the deceased,
either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of
\$ 350,000 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title
describing the above mentioned property.

Insurance Company to issue its Title Insurance Policy,

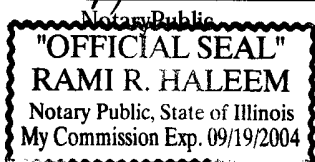
Subscribed and sworn to before me by the said

RICHARD SARTO
this 21ST day of MARCH, A.D. 2003

BOX 333-CTI

[Signature]

[Signature]
(Affiant's Signature)



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE March 2, 2000 SIGNED Nick Cannatella
 At Cook County Dept. of Public Health Official Title Chief Deputy Registrar
 1010 Lake Street
 Oak Park IL 60301

REGISTRATION DISTRICT NO. 16.0 STATE OF ILLINOIS STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED NAME **DOLORES** FIRST **JOANNE** MIDDLE **SARTO** LAST **DOLORES** SEX **FEMALE** DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 14, 1940**

2. COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **PALOS HEIGHTS** HOSPITAL OR OTHER INSTITUTION (NAME IF NOT SET BY DATE STREET AND NUMBER) **PALOS COMMUNITY HOSPITAL**

3. BIRTH PLACE (CITY AND STATE) **CHICAGO, ILLINOIS** MARRIED (NEVER MARRIED, MARRIED, DIVORCED, REANNULCED, SEPARATED) **MARRIED** NAME OF SURVIVING SPOUSE (GIVEN NAME IF WIDOW) **RICHARD SARTO**

4. SOCIAL SECURITY NUMBER **353-30-8894** USUAL OCCUPATION **HOMEMAKER** KIND OF BUSINESS (INDUSTRY) **INDUSTRY** EDUCATION (SCHOOL GRADUATED) **12** (SCHOOL ATTENDED) **12**

5. RESIDENCE (STREET AND NUMBER) **14141 MICHAEL DRIVE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **17A ORLAND PARK** RESIDENCY **RESIDENCY** COUNTY **COOK**

6. STATE **ILLINOIS** ZIP CODE **60462** RACE (WHITE, BLACK, AMERICAN INDIAN, ALASKA NATIVE, HISPANIC) **WHITE** OF HISPANIC ORIGIN? (SPECIFY AND CHECK) **NO**

7. FATHER-NAME **JOSEPH** FIRST **MIDDLE** LAST **BINDER** MOTHER-NAME **MARY** FIRST **MIDDLE** LAST **BINDER**

8. INFORMANT (NAME AND ADDRESS) **RICHARD SARTO** 14141 MICHAEL DR. ORLAND PARK, IL 60462

9. PARTIAL STATE IDENTIFICATION No. (Indicate to which hand and pointing to the underlying name given in PART I.)

10. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **Chronic lymphocytic leukemia**

11. DATE OF OPERATION, IF ANY **March 25, 2000** MAJOR FINDINGS OF OPERATION **Chronic lymphocytic leukemia**

12. SIGNATURE OF CERTIFIER **Robert J. Sheehy** (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **226 Dan Demeter and 1000 West 151st Street Orland Park**

13. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

14. FUNERAL CREATION, REMOVAL, REMOVAL (CITY AND STATE) **ROBERT J. SHEEHY & SONS, 9000 WEST 151ST STREET, ORLAND PARK, IL 60462**

15. FUNERAL HOME (CITY AND STATE) **MAUSOLD** (CITY AND STATE) **WORTH, ILLINOIS**

16. FUNERAL DIRECTOR'S SIGNATURE **Robert J. Sheehy** (TYPE OR PRINT) NAME AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) **ROBERT J. SHEEHY**

17. DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 14, 1940** DATE OF DEATH (MONTH, DAY, YEAR) **MARCH 28, 2000**

18. HOURS OF DEATH **3:36 P.M.** HOUR OF DEATH **NO ID**

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H23013304 HE
STREET ADDRESS: 14141 MICHAEL DR
CITY: ORLAND PARK COUNTY: COOK
TAX NUMBER: 27-03-405-007-0000

LEGAL DESCRIPTION:

LOT 38 IN CLEARVIEW ESTATES UNIT NUMBER 1, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 3, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Prepared by Email to

Harris Bank Consumer Lending Center

3800 Golf Rd. Ste. 300

Rolling Meadows, IL 60008